

RECEIVED  
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IDWR/NORTHERN

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF  
TWIN FALLS

IN RE THE GENERAL ADJUDICATION OF RIGHTS TO  
THE USE OF WATER FROM THE COEUR D'ALENE-  
SPOKANE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number: 94-9402

Date Received: 6/18/2015

Received By: L.W.

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED  
UNDER STATE LAW

1. Name of Claimant(s)

CORY WHITE Phone: (208) 512-0878  
13266 S ALLGOOD CT  
CATALDO ID 83810

LEAH WHITE Phone: (208) 512-0878  
13266 S ALLGOOD CT  
CATALDO ID 83810

2. Date of Priority: 5/20/1985

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
49N	01W	36	SW NW		KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

<u>Purpose</u>	<u>From To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
DOMESTIC	01/01 12/31	0.04	
STOCKWATER	01/01 12/31	0.03	

7. Total Quantity Appropriated is: 0.07 C.F.S. and/or A.F.A

8. Non-irrigation uses:

<u>Number of Homes</u>	<u>Water Use</u>	<u>Type Of Stock</u>	<u>Number Of Stock</u>
1			

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
49N	01W	35	SE NE		STOCKWATER	

Section Acres

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
49N	01W	36	SW NW		STOCKWATER	

Section Acres

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
49N	01W	36	SW NW		DOMESTIC	

Section Acres

Total Acres

10. Place of use in counties: KOOTENAI

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use: Water Use Description

DOMESTIC

STOCKWATER

STOCKWATER IS FOR 3 HORSES, 10 CHICKENS, 2 GOATS AND 2 BEE HIVES

14. Basis of Claim: Beneficial Use

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do \_\_\_\_ do not x wish to receive and pay a small annual fee for monthly copies of the docket sheet.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): John R. White Date: 6-18-2015

Date: \_\_\_\_\_

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

\_\_\_\_\_  
Title of \_\_\_\_\_  
Organization

That I have signed the foregoing document in the space below as

\_\_\_\_\_  
Title of \_\_\_\_\_  
Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent \_\_\_\_\_ Date: \_\_\_\_\_

Title and Organization \_\_\_\_\_

Please print name